

Health Department, City of Baltimore.

Permit No. 98533 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, MAR 12 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May Smith
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Years, 6 Months, 6 Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, City
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetime
Duration of Residence in the City of Baltimore, 1021 Front St.
Place of Death, { Give Street and Number. } 1021 Front St.
Cause of Death, { First (Primary), Congestion of Lungs }
{ Second (Immediate), Convulsions }
Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery
Date of Burial, March 13th 1887
{ Undertaker, Henry H. Means }
{ Place of Business, 413 E. Fayette St. } Address, 5 East Biddle St.
W. A. B. Sullivan M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98537 Office of Registrar of Vital Statistics Ward 20

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CERTIFICATE OF DEATH.

Date of Death, March 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Collins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 615 Bruce St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1437 Vincent alley

Cause of Death, { First (Primary), Tubercular Meningitis
Second (Immediate),

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 13th 1887

{ Undertaker, William Dunbar } Ira L Fetterhoff M. D.

Medical Attendant.

{ Place of Business, 150 East St } Address, 1419 David Hall Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98333

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Mar 11 - 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Sophia Loos

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 0 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 96 Towson St. (Old) No

Cause of Death, { First (Primary), Second (Immediate), } Measles
Bronchitis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, German Unit Cemetery

Date of Burial, Mar 13th 1887

Undertaker, Wm. Nicholas Georg Strauss M. D.

Medical Attendant.

Place of Business, 1115 Alice Ave Address, 9 E. Mount Vernon

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[OVER.]

Health Department, City of Baltimore.

Permit No.

98536

Office of Registrar of Vital Statistics.

Ward

14

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CERTIFICATE OF DEATH.

Date of Death, March 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ivin Brown
Ivin Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 Years, — Months, — Days.

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Batto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 41. East St

Cause of Death, { First (Primary), Second (Immediate), } Cer Spinal Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13, 1887

{ Undertaker, W. W. Madden } J. J. Giff M. D.
 { Place of Business, 46 East St } Address, 137 Oliver

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98557

Office of Registrar of Vital Statistics

Ward 14

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CERTIFICATE OF DEATH.

Date of Death, March 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } Falls Road

Cause of Death, { First (Primary), Second (Immediate), } Malaria
Ulcerated Throat

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 13th J. B. Browne M. D.

{ Undertaker, H. C. Wiedefeld Medical Attendant.

{ Place of Business, 916 Green Mt Ave Address, 307 Madison Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98558

Office of Registrar of Vital Statistics

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Holland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, { Give Street and Number. } 803 S Eutaw St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 13 1887

{ Undertaker, Darrell & Hanby } R. M. Hoare M. D.

Medical Attendant.

{ Place of Business, 198 West St } Address, 1019 D. Hill Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98539

Office of Registrar of Vital Statistics

Ward 6th

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CERTIFICATE OF DEATH.

Date of Death, March 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Deshield Clendinen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years,

Color, White Months, Days

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 102, old W. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 14th 1887

Undertaker, Stewart Mowbray B B B Browne M. D.

Place of Business, 215 & 217 Park Ave Address, 1218 Madison St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98560 Office of Registrar of Vital Statistics. Ward 18

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CERTIFICATE OF DEATH.

Date of Death, March 10/87

Full Name of Deceased, Annice Spanenberg { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, Female { Cross out the word not required in this line. }

Age, 4 Years, 13 Months, 13 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Bathtub

Birth Place, Long in the United States { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 215 Vincent St. { Give Street and Number. }

Cause of Death, Marasmus { First (Primary), Second (Immediate), }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, G. Thompson

Date of Burial, March 12

Undertaker, H. D. Dippel M. D.

Place of Business, 121 S. Bond Address, 855 N. Lombard Medical Attendant.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98561

Office of Registrar of Vital Statistics.

Ward 6

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CERTIFICATE OF DEATH.

Date of Death, March 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharina Muller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give Street and Number. } 1929 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease
Dropsy - Chronic Cough

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 13 March

{ Undertaker, John Herwig } J. P. Duval M. D.
Medical Attendant.

{ Place of Business, 2008 Orleans St Address, — }

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[OVER.]

Health Department, City of Baltimore.

Permit No. *98562*

Office of Registrar of Vital Statistics.

Ward *2*

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CERTIFICATE OF DEATH.

Date of Death,

March 12th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stephan Gegefski

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2 Months,

21 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

** 902 S. Ann St*

Cause of Death,

{ First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

March 13. 87

Undertaker,

Felix S. S. S. S.

John N. Rehberger M. D.

Medical Attendant.

Place of Business,

1732 Alameda

Address, 1709 Alice Annah

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[OVER.]